

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01/01/07 through 06/30/07	Date of election if applicable (Month, Day, Year) BY: JUL 24 2007 CITY OF SANTA MARIA City Clerk	Page 1 of 5 For Official Use Only
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**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
*(Also Complete Part 5)*
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
*(Also Complete Part 6)*
- ☐ Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
*(Also file a Form 410 Termination)*
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) ID. NUMBER  
Alice Patino for City Council 1227669

**Treasurer(s)**

NAME OF TREASURER  
Tom Martinez

MAILING ADDRESS  
2450 Professional Pkwy, Suite 220

STREET ADDRESS (NO P.O. BOX)  
2450 Professional Pkwy, Suite 220

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455 805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455 805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-12-07 Date

Executed on Date

Executed on Date

Executed on Date

By Trent Benedetti Signature of Treasurer or Assistant Treasurer

By City Clerk Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Official/Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy, Suite 220	Santa Maria, CA	93455	

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD
DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Alice Patino

Statement covers period from 01/01/07 through 06/30/07		CALIFORNIA FORM <b>460</b>
Page 3 of 5	I.D. NUMBER 1227669	

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ 500.00	\$ 500.00
2. Loans Received .....	Schedule B, Line 3 \$ 500.00	\$ 500.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 500.00	\$ 500.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ 500.00	\$ 500.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 500.00	\$ 500.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
\$ _____	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ 600.25	\$ 600.25
7. Loans Made .....	Schedule H, Line 3 \$ 600.25	\$ 600.25
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ 600.25	\$ 600.25
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 600.25	\$ 600.25
10. Nonmonetary Adjustment .....	Schedule G, Line 3 \$ 600.25	\$ 600.25
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 \$ 600.25	\$ 600.25

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)  
Date of Election (mm/dd/yy) Total to Date  
/ / \$  
/ / \$  
/ / \$

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 3083.70
13. Cash Receipts .....	Column A, Line 3 above 500.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 600.25
15. Cash Payments .....	Column A, Line 8 above 2983.45
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2983.45

If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 \$ _____
18. Cash Equivalents .....	See instructions on reverse \$ _____
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ _____

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

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**CALIFORNIA  
FORM  
460**

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Alice Patino

I.D. NUMBER  
1227669

## Schedule A Summary

- \*Contributor Codes**  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other (e.g., business entity,  
PTY – Political Party  
SCC – Small Contributor Committee

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CALIFORNIA  
FORM  
**460**

**I.D. NUMBER**

1227669

se, describe the payment.

RAD radio airtime and production costs  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/spouse travel, lodging, and meals  
 TSF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

AMOUNT PAID

500.00

<b>SUBTOTAL \$</b>	<b>500.00</b>
--------------------	---------------

1  
2  
3  
4  
5

- |    |        |
|----|--------|
| \$ | 500.00 |
| \$ | 100.25 |
| \$ | 600.25 |